

215024492
49529

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 140	Agency Case No. B5-054236	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/18/2015			TIME OF ACCIDENT	STATE USE ONLY 06/19/2015	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1715	PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. PARKING LOT - 5633 N.W. 1ST STREET			ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE		
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	20	100.00					X
V2/M	20	north edge of parking lot					
E	1	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
		MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
		R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
F	1	VEHICLE NO. 1					
V1/N	1	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/N	1	DRIVER	PHONE	LOCAL NO.			
		LEGALLY PARKED					
		DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			
G	1	OWNER	PHONE	LOCAL NO.			
		RYAN MONROE 04-24-1984	402-937-2212				
H	2	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
		3120 LARAMIE CIRCLE, LINCOLN, NE 68521					
V1/O	2	LICENSE PLATE PA NO. RRD309	YEAR 2015	STATE (Of Plate) NE			
V2/O	5	VEHICLE 2001	MAKE Mercury	MODEL SLP	BODY STYLE 4 door Sedan	COLOR red	
		ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$ 900					
		VEHICLE ID NO. (V1/N) 1MEFM55S51G646356	INSURANCE COMPANY PROGRESSIVE				
		TOWED TO	TOWED BY	POLICY NO. 900463337			
I	7	VEHICLE NO. 2					
V1/P	8	DRIVER LICENSE NO.	STATE (Of License)			SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V2/P	8	DRIVER	PHONE	LOCAL NO.			
		DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)			
J	12	OWNER	PHONE	LOCAL NO.			
		OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.		
V1/Q	4	LICENSE PLATE NO.	YEAR	MAKE	MODEL	BODY STYLE	
V2/Q	4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	
		ESTIMATED DAMAGE <input type="checkbox"/> TOTALED \$					
		VEHICLE ID NO. (V1/N)	INSURANCE COMPANY				
K	01	TOWED TO	TOWED BY	POLICY NO.			
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)							
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	4 Injury Sev.	5 Trans.	SEX M F	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

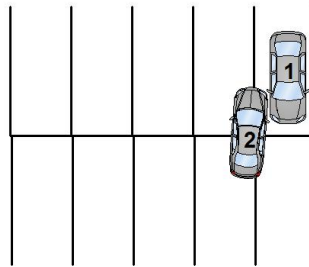
AGENCY CASE NO.
B5-054236



Indicate
North
by Arrow



POI
unknown due to both vehicles being moved
no debris field
not drawn to scale
estimated
this is how ofc feels accident may have occurred



5633 N.W.
1st Street

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Owner veh#1 reported his vehicle was parked southbound in the parking lot to Snap Fitness between 0500-0530 hours. Upon returning to his vehicle owner veh#1 observed damage to the passenger side of his vehicle. Unknown veh#2 struck veh#1. Driver veh#2 left the scene without leaving any driver, vehicle or insurance information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1	VEHICLE 2					ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	
1		X			PARKING LOT								Y		Y	
2					PARKING LOT								N	X	N	X
1	10	06 Turning left				POINT OF IMPACT	02	POINT OF IMPACT		1 None used - vehicle occupant		BAC LEVEL				
2	13	08 Entering traffic lane				MOST DAMAGED AREA	02	MOST DAMAGED AREA		2 Lap & shoulder belt used		ALCOHOL/ DRUGS SUSPECTED				
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		01 02 03 04 05 06 07 08		3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		Driver No. 1: 5 Driver No. 2: 5		
						01 02 03 04 05 06 07 08		3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown				

OFFICER NO. 1218	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Matthew Brodd		INVESTIGATOR SIGNATURE Approved by Officer Matthew Brodd	DATE OF REPORT 06/19/2015